New Hampshire's Assessment of the National Public Health Performance Standards

Report March 2006

EXECUTIVE SUMMARY

New Hampshire Department of Health and Human Services
Division of Public Health Services
Bureau of Policy and Performance Management

John H. Lynch, Governor
John A. Stephen, Commissioner
Mary Ann Cooney, Director

March 2006

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Introduction

An event important to the future of public health in New Hampshire took place in October 2005. At the invitation of the New Hampshire Department of Health and Human Services, Division of Public Health Services (DHHS, DPHS), over 100 health and human service professionals, from both public and private sectors, convened for two days to assess the capacity and performance of the public health system in New Hampshire. Using a structured, facilitated process provided by the Centers for Disease Control and Prevention (CDC) *National Public Health Performance Standards Program* (NPHPSP)[1], the participants engaged in candid, often passionate, dialogue and deliberation.

This effort is the latest in a series of related initiatives by NH DPHS and community partners, intended to harness the power of collaboration to improve the public's health. Foremost among these is the Turning Point Initiative, which made great strides to strengthen the pubic health infrastructure in the state.

This assessment and subsequent planning process may be viewed as an evolutionary next step on the path to a coordinated statewide system of optimal public health practice and preparedness. Commissioner Stephen of New Hampshire's Department of Health and Human Services and DPHS invite reaction to this report, and welcome participation by stakeholders in the process that will follow.

Overview:

The National Public Health Performance Standards Program

The *National Public Health Performance Standards Program* (NPHPSP) is a collaborative effort of seven national public health organizations.[1] The mission of the program is "*to improve the quality of public health practice and performance of public health systems*" by the development and promotion of national performance standards.

The NPHPSP includes three assessment instruments: a State Public Health Assessment, a Local Public Health System Assessment, and a Local Public Health Governance Assessment. The instruments are used to identify areas for improvement, to strengthen state and local partnerships, and to assure a strong system that can respond effectively to day-to-day public health issues and to public health emergencies. Four concepts are applied in the NPHPSP:

1. The standards are designed around the *Ten Essential Public Health Services* (see Table 1)
2. The standards focus on the *overall* public health system, rather than a single organization
3. The standards describe an *optimal* level of performance
4. The standards are intended to support a process of *quality improvement*

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[1] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program http://www.cdc.gov/od/ocphp/nphpsp/index.htm

The NH NPHPS Assessment Process

A state public health system is more than the public health agency. For the purpose of the meeting, the following concept of a public health system was used.

- All public, private, and voluntary entities that contribute to public health in a given geographic area.
- A network of entities with differing roles, relationships and interactions.
- All entities contribute to the health and well being of the community.

Following an orientation to the State Public Health Assessment Instrument, meeting participants divided into five groups to assess the state public health system's (SPHS) performance on the Ten Essential Services.

The tasks of each group were to:

1. Review the model standard for two specific essential services;
2. Consider the collective capacity and performance of the state public health system in NH and contributions of system components, and
3. Vote on the degree to which the public health system in NH matches the optimal performance standards in the NPHPS state assessment instrument.
4. To articulate the state public health system's strengths, weaknesses, and recommended priorities for improvement for each essential service.

This approach was valuable as it engaged partners with diverse expertise from throughout the public health system in the assessment process.

The group voted on each assessment question using a quartile scale:

YES (model standard met): 76 -100 % of the activity is met within the SPHS

HIGH PARTIAL: 51 - 75 % of the activity is met within the SPHS

LOW PARTIAL: 26 - 50 % of the activity is met within the SPHS

NO (model standard not met): ≤ 25 % of the activity is met within the SPHS

Table 1: Ten Essential Services

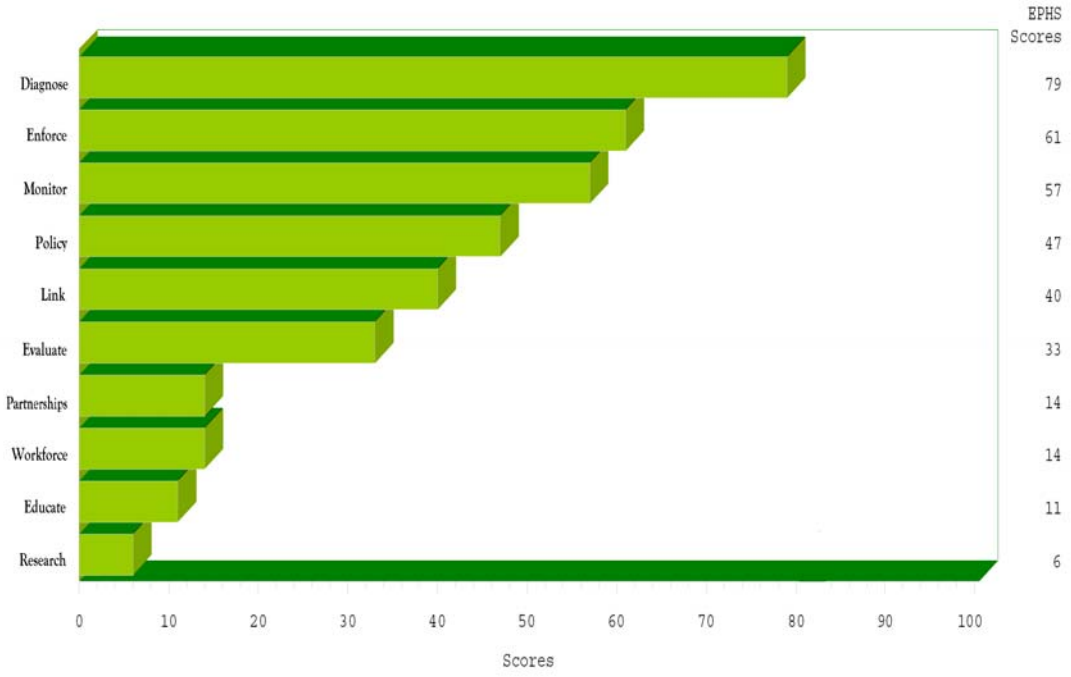
1. Monitor health status to identify health problems	6. Enforce laws and regulations that protect health and ensure safety
2. Diagnose and investigate health problems and health hazards	7. Link people to needed health services and assure the provision of health care when otherwise unavailable
3. Inform, educate, and empower people about health issues	8. Assure competent public and personal health care workforce
4. Mobilize partnerships to identify and solve health problems	9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
5. Develop policies and plans that support individual and statewide health efforts	10. Research for new insights and innovative solutions to health problems

NH NPHPS Assessment Results

Overall Scores

The overall score for the Ten Essential Services was 36.3; indicating that on average, the model standards were "low/partially met." This is lower than the total average score of 43.9 percent for the 15 states and one tribe that have completed the assessment instrument. One essential service was considered to be met, two high partially met, three low partially met and four not met.

NPHPSP State Public Health System Performance Assessment Instrument
Essential Public Health Service (EPHS) Summary Scores
(Arranged in descending order)



Centers for Disease Control and Prevention, Public Health Practice Program Office, Division of Public Health Systems Development and Research, National Public Health Performance Standards Program, 1-800-PHPPO-49 or 1-800-747-7649

CDC Statement of DATA LIMITATIONS:

Performance scores are based on somewhat unique processes and system participant groups. Assessment methods are not yet fully standardized and these differences in survey administration can introduce measurement error. Additionally, differences in knowledge can create interpretation issues for some questions and this can introduce a degree of random non-sampling error. Results and recommendations associated with these reported data should be used for quality improvement within an overall public health infrastructure and performance improvement process for public health systems. These data represent the collective performance of all organizational participants in the state public health system and should not be interpreted to reflect any single agency or organization.

NH NPHPS Assessment Results

The three highest-ranking essential services were:

- EPHS 2: Diagnose and investigate health problems (model standard met)
- EPHS 6: Enforce laws and regulations that protect health (model standard high/partially met)
- EPHS 1: Monitor health status to identify and solve community health problems (model standard high/partially met)

The four lowest ranking essential services, "model standard not met" were:

- EPHS 10: Research for new insights and innovative solutions to health problems
- EPHS 3: Inform, educate and empower people about health issues
- EPHS 8: Assure a competent public and personal healthcare workforce
- EPHS 4: Mobilize community partnerships to identify and solve community health problems

Summary

Participant Observations

The discussion and comments shared by participants relative to New Hampshire's public health system are critically important to consider in tandem with the scores for future public health planning and improvement.

Strengths: Participants believe that the small size of the state and limited resources in New Hampshire encourage collaboration and creativity. They note several assets of the public health system including: many committed public health professionals; numerous valuable technical assistance resources in the state at academic centers, state agencies, and in not-for-profit foundations and institutes; and a broad array of public health activities.

Weaknesses: Those in attendance find the public health system in New Hampshire to be fragmented leading to a lack of coordination and dilution of the potential impact of the many public health programs and activities. Other weaknesses described were: limited human capital resources, underutilization of technology for communication, inconsistent cultural competency, and an imbalance of power between state and local partners.

Recommendations: There was a call from participants to sustain momentum for planning with broad input from and communication back to public health system partners. Participants articulated a need to educate the public and policy makers relative to the importance and value of public health. Examples of specific recommendations include: training of health officers, marketing of the NH Helpline, and using technology for improved communication.

Interpretation of Results

In general, the assessment scores for New Hampshire's public health system are low, though in the same range of "model standard low/partially met" as the total average score of all the states and one tribe that have conducted the NPHPSP assessment to date.

What do the results tell us?

- The results reflect stakeholders' assessment of the state public health system's performance on the Ten Essential Services and the quality and consistency of interaction among component parts. Participants noted that many of the low scores were due to insufficiencies in system interaction.

- The results provide information about what we do well, and how well the current system might respond to various public health problems. For example, if the system is confronted with a Tuberculosis outbreak ("Diagnose and Investigate Disease), the response is likely to be of high quality and comprehensive. However, confronted with problems like teen smoking (inform and educate) the system-as-is may have less capacity to comprehensively address the issue. Both the scores and the group discussions on each of the essential services will inform the planning process and assist in priority setting going forward.

- The results are affected to an unknown degree by the challenges of this particular assessment process. Participants in many of the work groups struggled to be consistent in maintaining the distinction between the state public health agency and the public health system and to clearly conceptualize the public health system in New Hampshire.

Next Steps

The next steps in this process will lead us from the assessment phase to planning for performance improvement.

An advisory committee convened in February 2006 to guide the planning and improvement efforts based on the assessment results. The advisory committee will also review New Hampshire health status measures and consider community health assessments, forces of change and other planning initiatives in combination with the performance assessment results to drive the improvement process.
It is anticipated that work groups will be formed to address those essential services determined to be priorities for performance improvement.

We will proceed in earnest to sustain the momentum of this initiative, keep key stakeholders involved and maintain open and frequent communication with all interested parties.

New Hampshire's Assessment of the National Public Health Performance Standards

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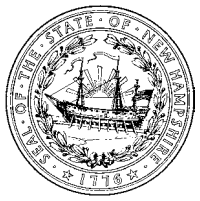

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Message from the Commissioner

It is my pleasure to share this report, *New Hampshire's Assessment of the National Public Health Performance Standards: Report 2006.* The Department of Health and Human Services, Division of Public Health and many participating diverse stakeholders from around the state are to be commended for their diligence in undertaking the important process of assessing how well New Hampshire does in meeting national public health standards. This process affords us the opportunity to critically evaluate our capacity and infrastructure to deliver quality public health services.

We are convening the Public Health Improvement Action Plan Advisory Committee that will use this report along with other public health data to guide a process to improve the New Hampshire public health system's capacity to provide essential services. The committee will also seek input from key stakeholders around the state during this process. I am confident that this report will be the impetus for measurable public health improvement in the state.

John A. Stephen
Commissioner

Table of Contents

Introduction

An event important to the future of public health in New Hampshire took place in October 2005. At the invitation of the New Hampshire Department of Health and Human Services, Division of Public Health Services (DHHS, DPHS), over 100 health and human service professionals, from both public and private sectors, convened for two days to assess the capacity and performance of the public health system in New Hampshire. Using a structured, facilitated process provided by the Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards Program (NPHPSP)[1], a diverse array of participants engaged in candid, often passionate, dialogue and deliberation.

Some of the results reported here reveal consensus among stakeholders about many aspects of the public health system in New Hampshire, and are likely to confirm prior perceptions of individual stakeholders. Other results may be unanticipated and are likely to stimulate informed debate and serve as a call for action.

The assessment process was by itself a valuable exercise, as evidenced by the products of the day, and evaluation comments. However, its true significance and potential value is best understood in a broader context. This effort is the latest in a series of related initiatives by NH DPHS and community partners, intended to harness the power of collaboration to improve the public's health.

1. *The Turning Point Initiative*, which was a collaborative undertaking, funded in 1997 by the Robert Wood Johnson and WK Kellogg Foundations, and led by the Community Health Institute and the New Hampshire Public Health Association to strengthen public health infrastructure in New Hampshire. There were a number of significant accomplishments under the auspices of the Turning Point partners including:

    - The creation of the DPHS Public Health Network: community partnerships to improve local public health capacity
    - The establishment of the Masters in Public Health Program in 2001 at the University of New Hampshire to provide a solid generalist graduate program in core public health areas
    - The founding of the University of New Hampshire Institute of Health Policy and Practices to develop and disseminate policy and practice information to improve the health and well being of the citizens of New Hampshire
    - The establishment of the Institute for Local Public Health Practice at the Manchester Health Department to provide public health training courses to augment professional education through the development of leadership and practical skills for local public health staff and others throughout the region

2. The creation of the DPHS Bureau of Policy and Performance Management to promote efficiencies, quality and a competent workforce in public health.
3. Publication by DPHS of *Improving the Public's Health in New Hampshire*[2], a report highlighting the emphasis placed on quality improvement by the public health system partners.
4. The convening of the Citizens Health Initiative, by Governor John Lynch, to establish a system of health, which assures quality and is accessible and affordable.

Following these endeavors, the assessment and subsequent planning process may be viewed as an evolutionary next step on the path to a coordinated statewide system of optimal public health practice and preparedness. The timing of this initiative offers a unique opportunity. The energy generated by the participants in the assessment process, combined with the commitment of DPHS to public health performance management, with high level support from Commissioner Stephen of New Hampshire's Department of Health and Human Services, will fuel and sustain momentum for an action plan that captures the letter and spirit of deliberation by collaborative partners. The Commissioner and DPHS invite reaction to this report, and welcome participation by stakeholders in the process that will follow.

The report that follows:

- Describes the CDC NPHPS program, and the state assessment process
- Provides summary state assessment results, and instructions for accessing complete results
- Describes next steps

Overview:

The National Public Health Performance Standards Program

The *National Public Health Performance Standards Program* (NPHPSP) is a collaborative effort of seven national public health organizations.[1] The mission of the program is "*to improve the quality of public health practice and performance of public health systems*" by the development and promotion of national performance standards.

The goals of the NPHPSP are to:

- Provide performance standards for public health systems
- Collect and analyze performance and capacity data
- Improve the quality and accountability of public health practice
- Develop a scientific basis for public health practice improvement

The NPHPSP includes three assessment instruments: a State Public Health Assessment, a Local Public Health Assessment, and a Governance Assessment. The instruments are used to identify areas for improvement, to strengthen state and local partnerships, and to assure a strong system that can respond effectively to day-to-day public health issues and to public health emergencies. Four concepts are applied in the NPHPSP:

1. The standards are designed around the *Ten Essential Public Health Services* (see Table 1)
2. The standards focus on the *overall* public health system, rather than a single organization
3. The standards describe an *optimal* level of performance
4. The standards are intended to support a process of *quality improvement*

The NPHPSP includes three assessment instruments: a State Public Health Assessment, a Local Public Health System Assessment, and a Local Public Health Governance Assessment. Benefits expected from use of these instruments include:

- Improvement of organizational communication and collaboration
- Education of participants about public health and the inter-connectedness of activities
- Strengthening the diverse network of partners within state and local systems
- Identifying strengths and weaknesses that need addressing
- Providing a benchmark for public health practice improvements

Table 1: Essential Public Health Services

Essential Public Health Services	Descriptive queries
1. Monitor health status to identify health problems	*What's going on in our state? Do we know how healthy we are?*
2. Diagnose and investigate health problems and health hazards	*Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?*
3. Inform, educate, and empower people about health issues	*How well do we keep all people and segments of our state informed about health issues so they can make healthy choices?*
4. Mobilize partnerships to identify and solve health problems	*How well do we really get people and organizations engaged in health issues?*
5. Develop policies and plans that support individual and statewide health efforts	*What policies promote health in our state? How effective are we in planning and setting health policies?*
6. Enforce laws and regulations that protect health and ensure safety	*When we enforce health regulations are we up-to-date, technically competent, fair and effective?*
7. Link people to needed health services and assure the provision of health care when otherwise unavailable	*Are people receiving the health services they need?*
8. Assure competent public and personal health care workforce	*Do we have a competent staff throughout public health system? How can we be sure that our staff stays current?*
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	*Are we doing any good? Are we doing things right? Are we doing the right things?*
10. Research for new insights and innovative solutions to health problems	*Are we discovering and using new ways to get the job done?*

Each assessment instrument is organized using the Essential Public Health Services as a framework. Each service is defined, and then the state instrument is divided into four **indicators** of performance, or capacity: 1) **planning and implementation**; 2) **technical assistance and support**; 3) **evaluation and quality improvement**; 4) **resources**. A **model standard** for each indicator describes aspects of optimal performance. A series of **assessment questions** for each model standard serves as measures of performance. For example, for the first essential service, Monitor Health Status to Identify Health Problems, within the planning and implementation indicator, one of the assessment questions is: *"Does the State Public Health System (SPHS) organize health-related data into a state health profile?"* The instruments have been extensively field tested and undergone validation studies. The instruments, and more information about all aspects of the NPHPSP, are available at http://www.cdc.gov/od/ocphp/nphpsp.

The NH NPHPS Assessment Process

On October 11-12, 2005 a diverse group of 110 stakeholders from around the state (see Appendix I), gathered to assess how New Hampshire's state public health system fares in meeting the National Public Health Performance Standards. Prior to the meeting, stakeholders were assigned to one of five small groups according to their expertise in specific essential public health services. Orientation materials about NPHPSP, and the relevant portion of the state assessment instrument for assigned essential services were mailed in advance. (see Agenda, Appendix II).

The meeting opened with an orientation to the NPHPS and assessment voting process conducted by presenters from CDC, Association of State and Territorial Health Officers (ASTHO), and the College of Medicine at Florida State University; the coordinator of one of the NH Public Health Networks; and staff from DPHS. Before breaking into small work groups, participants were asked to record activities ongoing in the state relevant to each essential service on newsprint posters. (see Appendix III)

The tasks of each small group following orientation were to:

1. Review the model standard for two specific essential services;
2. Consider the collective capacity and performance of the public health system in NH and contributions of system components, and
3. Vote on the degree to which the public health system in NH matches the optimal performance standards in the NPHPS state assessment instrument.

This approach was valuable as it engaged partners with diverse expertise from throughout the public health system in the assessment process.

A state public health system is more than the public health agency. For the purpose of the meeting, the following concept of a public health system was used.

- All public, private, and voluntary entities that contribute to public health in a given geographic area.
- A network of entities with differing roles, relationships and interactions.
- All entities contribute to the health and well being of the community.

When voting on whether or not the public health system met a standard, participants were instructed to consider the following factors: frequency, quality, and dispersion of the activity across the state; and participation among many system partners. After discussion, the group voted on each assessment question using color-coded cards representing a quartile scale (see Voter's Scoring Guide, Appendix IV):

YES (model standard met): 76 -100 % of the activity is met within the SPHS
HIGH PARTIAL: 51 - 75 % of the activity is met within the SPHS
LOW PARTIAL: 26 - 50 % of the activity is met within the SPHS
NO (model standard not met): ≤ 25 % of the activity is met within the SPHS

(An earlier iteration of the CDC NPHPSP used slightly different scale and descriptors: 0-25% not met, 26-59% partially met, 60-79% substantially met, 80% -100% fully met. This is reflected on some CDC software-generated charts that have not yet been updated).

In addition to rating performance on the Ten Essential Services, each group engaged in critical discussions to articulate the SPHS strengths, weaknesses, and recommended priorities for each essential service. The content of these discussions will be valuable to inform the planning process.

Small group participants re-convened in a final plenary session to share group results, and highlight crosscutting themes. In closing, DPHS Director Mary Ann Cooney announced that the next step would be the creation of a short-term advisory committee to develop a state plan based on the results of the assessment. The Director issued a call for volunteers, or nominations of individuals, to serve on that committee. Additionally, she noted that there would be a mechanism for meeting participants and other interested stakeholders to be involved in the planning process.

NH NPHPS Assessment Results

The NPHPS assessment is designed to generate valid indicators of public health practice for use within a quality improvement process of an overall public health system. Results will be used by local and state public health system partners in their efforts to identify system strengths and weaknesses, and develop plans for improvement.

CDC Statement of DATA LIMITATIONS:

Performance scores are based on somewhat unique processes and system participant groups. Assessment methods are not yet fully standardized and these differences in survey administration can introduce measurement error. Additionally, differences in knowledge can create interpretation issues for some questions and this can introduce a degree of random non-sampling error. Results and recommendations associated with these reported data should be used for quality improvement within an overall public health infrastructure and performance improvement process for public health systems. These data represent the collective performance of all organizational participants in the state public health system and should not be interpreted to reflect any single agency or organization.

In addition to the CDC statement of data limitations (see box), the following factors should be considered when reviewing assessment results:

1. Each essential service score is the average of all indicator scores:
   a. planning and implementation,
   b. technical assistance, support,
   c. evaluation and quality improvement, and
   d. resources.

   An indicator score is the average score for the group of questions under that indicator. Stakeholders were asked to rank each question by one of four responses or quartiles:

   - YES (model standard met): 76 -100 %,
   - HIGH PARTIAL: 51 - 75 % of the activity is> met,
   - LOW PARTIAL: 26 - 50 % of the activity is met,
   - NO (model standard not met): = 25 % of the activity.)

   CDC established a weight value for each question and each level of response (quartile). A numerical value for each question was produced by multiplying the weight value of each question by the response value. Using this methodology, an essential service that was ranked high partial (51-75%) could receive a weighted score of 57.3, for example. A complete explanation of the methodology can be obtained upon request.

2. The state public health system (SPHS) should not be thought of as the New Hampshire Division of Public Health Services. Scores reflect participants' judgments about the entire state public health system, i.e. state and local government agencies, plus all relevant partners, private, public, and voluntary.

3. A standardized process is used in each small group. However, results are self-reported data, and reflect the composition and dynamics of each individual group. In striving for manageable-size work groups some sectors may be under-represented.
4. Qualitative comments recorded during the assessment are an important supplement to assessment scores, providing valuable data not readily evident in average scores for each ESPH.

Summary Results

Overall Scores

The overall score for the Ten Essential Services was 36.3; indicating that on average, the model standards were "low/partially met." One essential service was considered to be met, two high partially met, three low partially met and four not met.

The three highest-ranking essential services were:

- EPHS 2: Diagnose and investigate health problems (model standard met)
- EPHS 6: Enforce laws and regulations that protect health (model standard high/partially met)
- EPHS 1: Monitor health status to identify and solve community health problems (model standard high/partially met)

The four lowest ranking essential services, "model standard not met" were:

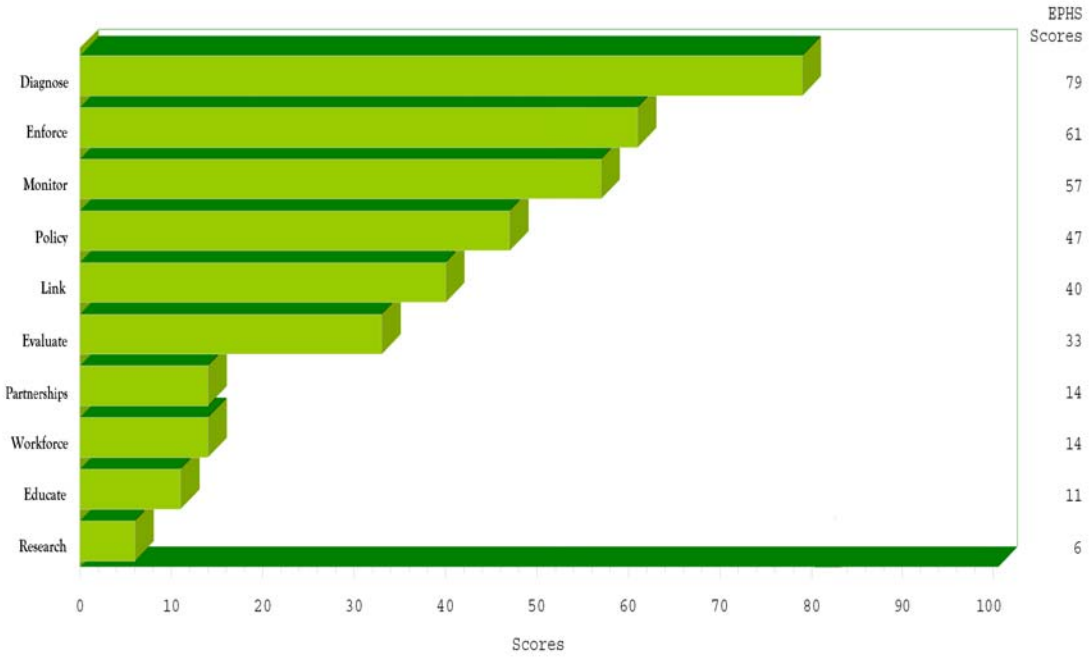
- EPHS 10: Research for new insights and innovative solutions to health problems
- EPHS 3: Inform, educate and empower people about health issues
- EPHS 8: Assure a competent public and personal healthcare workforce
- EPHS 4: Mobilize community partnerships to identify and solve community health problems

Table 2

New Hampshire State System Summary Scores by Essential Public Health Service

Rank	Description	Score 0 - 100	Comparison with Model Standards
1	EPHS 2: Diagnose and Investigate Health Problems	78.7	Met
2	EPHS 6: Enforce Laws and Regulations	60.5	High Partially Met
3	EPHS 1: Monitor Health Status	57.6	High Partially Met
4	EPHS 5: Develop Policies and Plans	47.3	Low Partially Met
5	EPHS 7: Link People to Needed Personal Health Services	40.3	Low Partially Met
6	EPHS 9: Evaluate Effectiveness, Accessibility and Quality	33.5	Low Partially Met
7	EPHS 4: Mobilize Partnerships	14.0	Not Met
8	EPHS 8: Assure a Competent Workforce	13.9	Not Met
9	EPHS 3: Inform, Educate, and Empower People	11.5	Not Met
10	EPHS 10: Research for New Insights and Innovative Solutions	5.7	Not Met
	Average	**36.3**	**Low Partially Met**

NPHPSP State Public Health System Performance Assessment Instrument
Essential Public Health Service (EPHS) Summary Scores
(Arranged in descending order)



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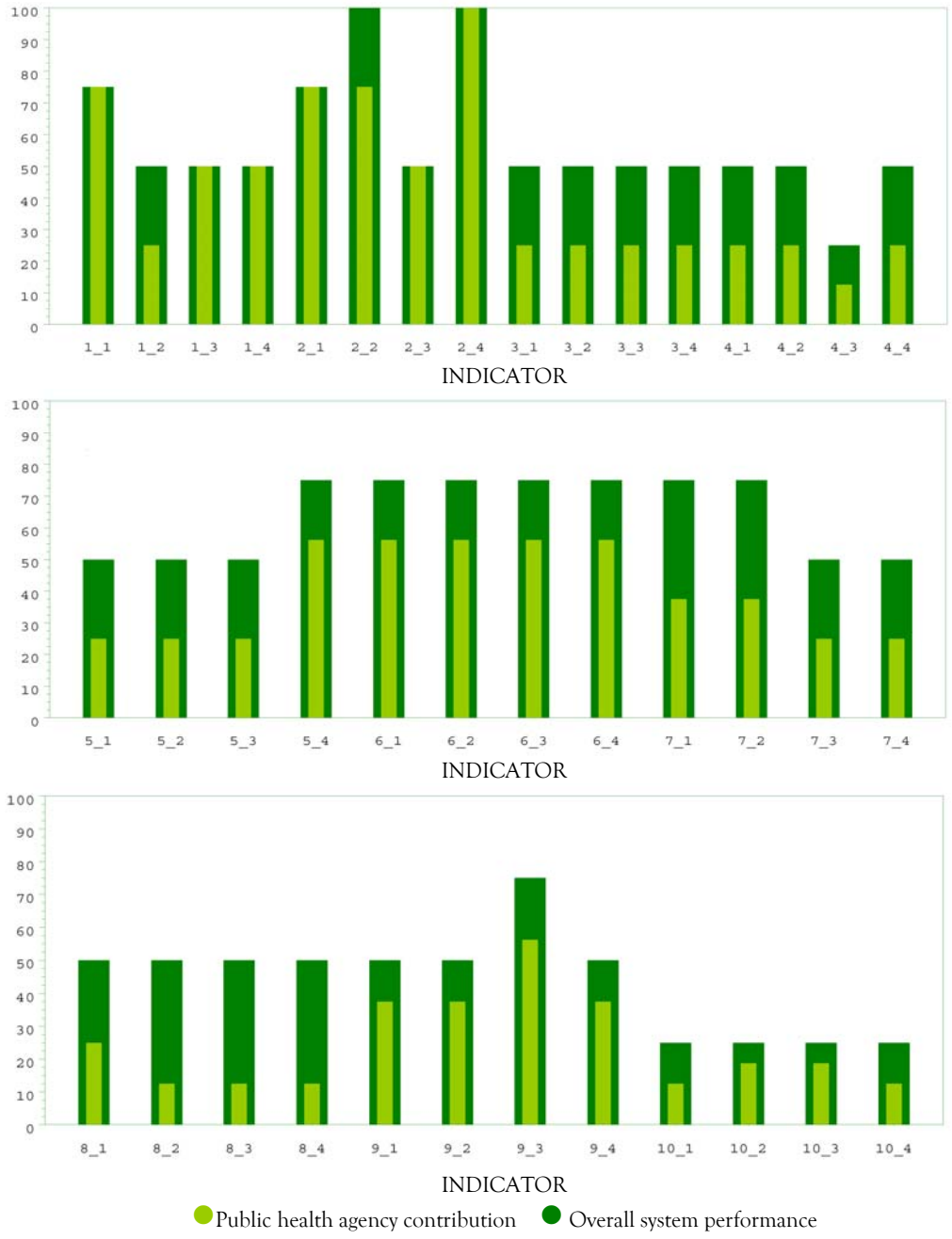
The scores may indeed accurately reflect the SPHS strengths relative to diagnosing and investigating health problems, enforcement of relevant public health laws and regulations, and monitoring health status of communities, and weaknesses in informing people about health issues, mobilizing community partnerships, and others. It may also be true that the services receiving high scores are those most visible to participants and conversely, some of the services with low scores are carried out but not widely recognized. The results for each of the essential services and relevant discussion are presented later in the report.

Achievement
by the NH State Public Health System and the NH State Public Health Agency Contribution

The next three charts examine the participant's assessment of how much of the standard is achieved on four indicators for each essential service by the SPHS (shown in black or dark green if in color), and the percent of the response that is a direct contribution of the public health agency (shown in gray or light green if in color). For example, DPHS is seen as contributing to a large degree to Essential Service #1 monitoring health status, and Essential Service #2 diagnosing and investigating; but not contributing greatly to Essential Services #3 informing and education, and Essential Service #4 mobilizing community partnerships.

State Public Health System Performance vs. Public Health Agency Contribution



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Summary
Participant Observations

Throughout the course of the assessment meeting, participants' thoughts were recorded and categorized as strengths, weaknesses, and recommendations. The discussion and comments shared are critically important to consider in tandem with the scores for future public health planning and improvement.

Strengths:

- On many parameters, New Hampshire often ranks as the healthiest state, or among the healthiest states, in national assessments
- The "smallness" of our state (geography and population size), and limited resources, encourages collaboration and creativity
- There are many passionately committed individuals in New Hampshire working to improve public health
- There are many valuable technical assistance resources in the state at academic centers, state agencies, and in not-for-profit foundations and institutes
- A broad array of appropriate public health activities exists for many essential services

Weaknesses:

- There is a deficiency in the public health "system" in New Hampshire: fragmentation, and lack of coordination dilute the potential impact of the many public health programs and activities around the state
- Human capital resources within state government agencies limit information-dissemination, collaboration, and continuity of efforts
- Resource information is not centralized
- The power of technology to foster communication, coordination and networking is underutilized
- The ability to provide culturally and linguistically appropriate services/statewide is inconsistent and contributes to health disparities
- There is a perception by some of a need for more balance of power in the relationship between NH DPHS, and state and local partners, that goes beyond issues of resource allocation

Recommendations:

- A planning process should: be initiated, include public health system partners and be shared widely
- The synergy and power of consensus generated by the assessment process should be used to sustain momentum for change and to move forward in a timely manner

Educate the public and policy makers relative to the importance and value of public health

- Community partners would like more coordination and communication with state agencies
- An Institutional Review Board should be established within NH DHHS
- A position for a director of statewide evaluation should be created
- A state summit should be convened with local and statewide partners to consider public health priorities.

Assessment Results by Essential Public Health Service

Monitor Health Status

1

Essential Public Health Service 1: Monitor Health Status

SCORE: 57.3 **RATING: High-Partially Met** **RANK: Number 3 of 10**

Monitor Health Status to Identify Health problems ranked third highest among the essential services. Eight of 19 measures were rated "model standard met", and three measures as "high/partially met".

There were five perfect scores of 100, "model standard met":

- Tracks state health trends
- Enforces laws and uses protocols to protect personal health information with personal identifiers
- Offers training on the interpretation and use of data
- Assists in publication of health data useful to the media
- Uses (monitoring) information in continuous improvement of data and data systems

Three measures scored "model standard not met":

- Organizes data in a state health profile
- Provides a standard set of health-related data to partners
- Solicits feedback from partners regarding state health profile development and distribution

The highest priority for implementation identified by participants in this group was the need for a state health profile to be developed and disseminated.

Diagnose & Investigate

2

Essential Public Health Service 2: Diagnose and Investigate

SCORE: 78.7 **RATING: Met** **RANK: Number 1 of 10**

Diagnose and Investigate Health Problems ranked highest among the essential services. There were three perfect scores of 100:

- Collaborates with laboratories with capacity to analyze specimens
- Provides trained on-site personnel to assist communities with investigations
- Reviews information to improve surveillance system responsiveness to health threats
- All scores except one were in the top two quartiles of "met" or "high/partially met".

There were no scores in the "low partially met" range.
One measure scored "model standard not met":

- Periodically reviews public health threat investigation and response plans

High priorities for implementation identified by participants included:

- *Assessment of surveillance functions*
- *Development of surveillance activities for non-emergent conditions, e.g. chronic disease, occupational health, injury, environmental health*

Inform & Educate

3

Essential Public Health Service 3: Inform, Educate, and Empower

SCORE: 11.5 **RATING: Not Met** **RANK: Number 9 of 10**

Inform, Educate and Empower people ranked second to last among the essential services. The three highest scoring measures, but still ranked "low/partially met", were:

- Uses multiple channels to provide current health information, education and promotion services
- Enables partners to develop skills to improve community and personal health
- Manages current and develops new health communication and health education/promotion resources

Nine of sixteen measures scored "model standard not met":

- Collaborates to design and implement health communication, health promotion and education programs
- Delivers culturally and linguistically appropriate health education and health promotion materials and activities
- Assists partners to develop effective health communication, health education and health promotion activities
- Provides consultation and training relevant to effective communication and health education/promotion
- Periodically reviews health communication and health education/promotion interventions
- Involves the population served in the design and implementation of reviews
- Applies review findings to improve health communication and health education/promotion interventions
- Shares system-wide resources to implement health communication, health education and promotion services
- Uses resources for effective health communication, and health education and promotion interventions

None of the measures related to evaluation and quality improvement of this essential service were scored as being met.

Participants in this group acknowledged high performance levels in some areas of the state, but identified a lack of linkages, communication, coordination and culturally and linguistically appropriate services as pervasive deficiencies.

Mobilize Partnerships

4

Essential Public Health Service 4: Mobilize Partnerships

SCORE: 14.0 **RATING: Not Met** **RANK: Number 7 of 10**

Mobilize Partnerships ranked fourth lowest among the essential services. No measures were rated "model standard met." The three highest scoring measures were:

- Builds constituencies to address health issues
- Builds partnerships to identify and solve health problems
- Provides consultation to local health systems and state partners to build partnerships for community health

Four measures scored "model standard not met":

- Briefs state and local policy leaders using established procedures and timeliness
- Reviews constituency-building and partnership facilitation activities
- Reviews the participation and commitment of its partners
- Maintains information about organizations that are current and potential partners

As with the previous essential service, participants ranked all the measures related to evaluation and quality improvement for this essential service as not met.

Participants identified as priorities the need for a common definition of a "coalition;" for identification of strategies to evaluate coalitions; and for reduction of duplication and overlap among multiple coalitions.

Develop Policies & Plans

5

Essential Public Health Service 5: Develop Policies and Plans

SCORE: 47.3 **RATING: Low-Partially Met** **RANK: Number 4 of 10**

Develop Policies and Plans that Support Individual and Statewide Health Efforts ranked fourth highest among the essential services. The three highest scoring measures, all rated "high/partially met" were:

- Provides technical assistance to develop local operational plans to address the state health improvement plan
- Manages current resources for health planning and policy and develops new resources
- Uses workforce expertise in health policy

One measure scored in the lowest quartile "model standard not met":

- Reviews progress towards accomplishing state-wide health improvement

Participant recommendations for immediate improvements included promoting a public health message through media development.

Enforce Laws

6

Essential Public Health Service 6: Enforce Laws and Ensure Safety

SCORE: 60.6 **RATING: Partially Met-High** **RANK: Number 2 of 10**

Enforce Laws that Protect Health and Ensure Safety ranked second highest among the essential services. Seventeen of nineteen measures were rated "model standard high/partially met."

The highest score was 66.7, achieved by eight of nineteen measures:

- Uses written guidelines to administer public health laws or regulations
- Provides direct assistance to local public health systems
- Provides local governing bodies with assistance to develop ordinances
- Monitors enforcement procedures to assure for professional conduct of personnel
- Reviews technical assistance provided to local public health systems and state partners regarding enforcement
- Makes improvements in enforcement activities based on review of findings
- Uses workforce expertise to enforce public health laws and regulations
- Uses workforce expertise to educate those affected by public health laws and regulations

Two measures were rated "model standard low/partially met":

- Provides education to encourage compliance with public health laws or regulations
- Ensures administrative processes are customer-centered

Participants cited significant statewide disparities for this EPHS and recommended as a priority better training standards for health officers and models that work for smaller towns.

Link People to Services

7

Essential Public Health Service 7: Link People to Services

SCORE: 40.3 **RATING: Low Partially Met** **RANK: Number 5 of 10**

Link People to Needed Personal Health Services and Assure the Provision of Health Care when otherwise unavailable ranked fifth highest among the essential services.

The three highest scores, all rated "model standard high/partially met" were:

- Assists to identify barriers to health care access
- Assists in developing partnerships to reduce barriers and promote access to healthcare for underserved populations
- Works with health state partners and local public health systems to coordinate complementary programs to optimize access to needed services.

Three measures were rated "model standard not met"

- Incorporates perspectives of those who experience problems with accessibility and availability of health care
- Is responsible for monitoring state-wide personal health care delivery
- Uses workforce skills in reviewing health care services

Participants in this group generated the longest list of recommendations for immediate improvement (Appendix V); many recommendations related to increased funding. High priorities included:

- *Increased marketing of the NH HELPLINE*
- *Medicaid, Medicare reimbursement for care coordination and adult dental services*
- *Coordination and linkages of resources that fill "gaps"*

Competent Workforce

8

Essential Public Health Service 8: Assure Competent Workforce

SCORE: 13.9 RATING: Not Met RANK: Number 8 of 10

Assures a Competent Public and Personal Health Workforce ranked third lowest among the essential services.

The highest score was the only measure rated "model standard high/partially met:" Individuals in regulated professions meet prescribed competencies required by law or recommended by state, local or federal policy guidelines

Eleven of the twenty measures for this EPHS were rated "model standard not met":

- Develops statewide workforce development plan to guide workforce development
- Assists in completing workforce assessment
- Assists in workforce development
- Facilitates partner linkages to improve educational offerings
- Reviews workforce assessment activities
- Assesses achievements of workforce development plan
- Manages current workforce development resources and develops future resources
- Shares system-wide resources to conduct workforce activities
- Uses a system of life-long learning for workforce
- Uses expertise in management of human resource development programs
- Invests in state-wide recruitment and retention of qualified health professionals

Priority needs identified by participants include

- *Increased compensation for health care workers*
- *Replacement of aging workforce*
- *Strategies to recruit people into public health*
- *Coordinated planning and publicity of opportunities for life-long learning*

Evaluate Health Services 9

Essential Public Health Service 9: Evaluate Health Services

SCORE: 33.5 **RATING: Low-Partially Met** **RANK: Number 6 of 10**

Evaluate Effectiveness, Accessibility and Quality of Personal and Population-based Health Services ranked sixth highest among the essential services. The highest scoring measure was rated "model standard met": Provides technical assistance in evaluating performance of the Essential Public Health Services

Three measures were rated "model standard not met":

- Evaluates statewide population-based health service
- Evaluates statewide personal health services within the state
- Offers consultation service and guidance to conduct consumer satisfaction studies

Priorities identified by participants include:

- *Need for a coordinating body of statewide evaluation*
- *Strategies for collaboration instead of "silo" approach*

Research 10

Essential Public Health Service 10: Research

SCORE: 5.7 **RATING: Not Met** **RANK: Number 10 of 10**

Research for New Insights and Innovative Solutions to Health Problems ranked lowest among the essential services. The two highest scoring measures, rated "model standard low/partially met" were:

- Manages current research resources and develops new resources
- Invests resources in analytical tools necessary to support the research function

Thirteen of fifteen measures were rated "model standard not met":

- Has a public health research agenda
- Implements the public health research agenda
- Has statewide communication process for sharing research findings on innovative public health practices
- Reviews its ability to provide technical assistance with application of research findings in the delivery of essential services
- Helps with research activities
- Assists in use of research findings
- Reviews its ability to engage in public health research
- Reviews its ability to communicate information on research findings
- Reviews relevance of research activities
- Uses findings from reviews to improve research activities
- Shares system-wide resources to conduct research activities
- Uses workforce expertise to direct research activities
- Uses workforce expertise to develop and implement research agenda

All of the measures related to planning and implementation and evaluation and quality improvement for this essential service were scored as not met.

Participant recommendations for immediate improvement include:

- *Develop Institutional Review Board (IRB) capacity in NH DHHS*
- *Convene a group to develop a research agenda aligned with a strategic plan for public health*

The complete State Public Health System Performance Assessment Report produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, which contains additional graphs, and charts can be found at: www.dhhs.state.nh.us/DHHS/DPHS/.

Interpretation of Results

"**sys-tem", n**. 1: *a regularly interacting or interdependent group of items forming a unified whole as: a group of interacting bodies under the influence of related forces*

In general, the assessment scores for New Hampshire's public health system are low. Although scores for 66 of 172 indicators scored in the top two quartiles (model standard "met" or "high/partially met"), the scoring methodology used by CDC (see p. 7) yields an average total performance score of 36.3. The New Hampshire state assessment score is in the same range of "model standard low/partially met" as the total average score of 15 states and one tribe that have conducted the NPHPSP assessment to date. (see page 20)

What do the scores tell us?

The scores tell us how the meeting participants perceive the New Hampshire SPHS infrastructure and capacity measure up against a set of national gold standards based on the Ten Essential Public Health Services in NH. The scores reflect stakeholders' assessment of the quality and consistency of interaction among component parts, i.e. communication, collaboration and coordination. Participants noted that many of the low scores were due to insufficiencies in system interaction.

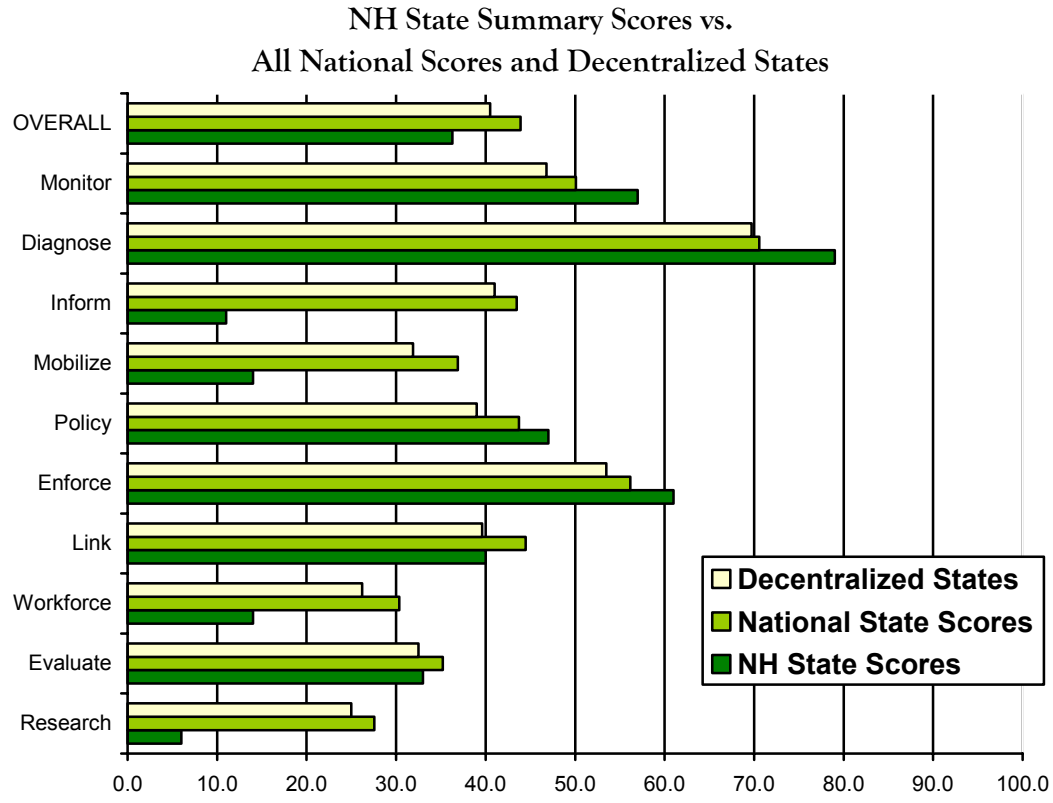
- The scores provide information about what we do well, and bear implications for how well the current system might respond to various public health problems. For example, if the system is confronted with a Tuberculosis outbreak ("Diagnose and Investigate Disease), or a food safety crisis ("Enforce laws"), the response is likely to be of high quality and comprehensive. However, confronted with problems like teen smoking (inform and educate), or a nursing workforce shortage (workforce competence), the system-as-is has less capacity to comprehensively address the issue, or that capacity may exist but not be widely known or utilized.

- The scores are affected to an unknown degree by the challenges of this particular assessment process. It was difficult to adapt a national standardized tool to the unique decentralized infrastructure of public health in New Hampshire. Participants in many of the work groups struggled to be consistent in maintaining the distinction between the state public health agency and the public health system and to clearly conceptualize the public health system in New Hampshire.

What the scores do not tell us are root causes of system performance or lack of performance. They do not and are not intended to examine how New Hampshire ranks on particular measures of health status and/or priority health issues. What has been prioritized in New Hampshire? Have funding streams matched up with state public health priorities? How have values and public perceptions affected funding and implementation of health initiatives? Answering these questions and others will require collection of different data, and complex analysis, which is an appropriate next step in a quality improvement process.

NH and National State Instrument Assessment Results

Fourteen states and one tribe have completed the state NPHPS state instrument to date. The aggregate results of those 15 are presented here for reference purposes. The reader is again cautioned about the limitations of direct comparisons as described on pages 6 and 7 of the report.



New Hampshire scored 36.3 overall on the state instrument while the overall average score for the 15 respondents using the state instrument was 43.9. New Hampshire's scores on ES - 3 Inform and Educate, ES 4 - Mobilize Partnerships, ES 8 - Assure a Competent Workforce and ES 10 - Research were substantially lower than the average combined scores of other respondents. New Hampshire's scores on all other essential services were in close range to the combined scores of the other respondents.

It should be noted that several of the respondent states are those that have centralized public health systems versus New Hampshire's decentralized system of public health service delivery. Centralized systems of public health are those in which the state has direct control and authority for supervision of local public health agencies. The overall average score and scores for each of the essential services for decentralized states was slightly lower than for all respondents.

NH State and Local Health Systems Instrument Assessments

Local Public Health System Assessment Activities in New Hampshire

Preceding the state public health system assessment completed in the Fall of 2005, 12 regional Public Health Networks completed the local public health system assessment instrument. The regional assessments occurred from the summer of 2003 through the spring of 2005 for more recent regional networks.

New Hampshire Public Health Networks

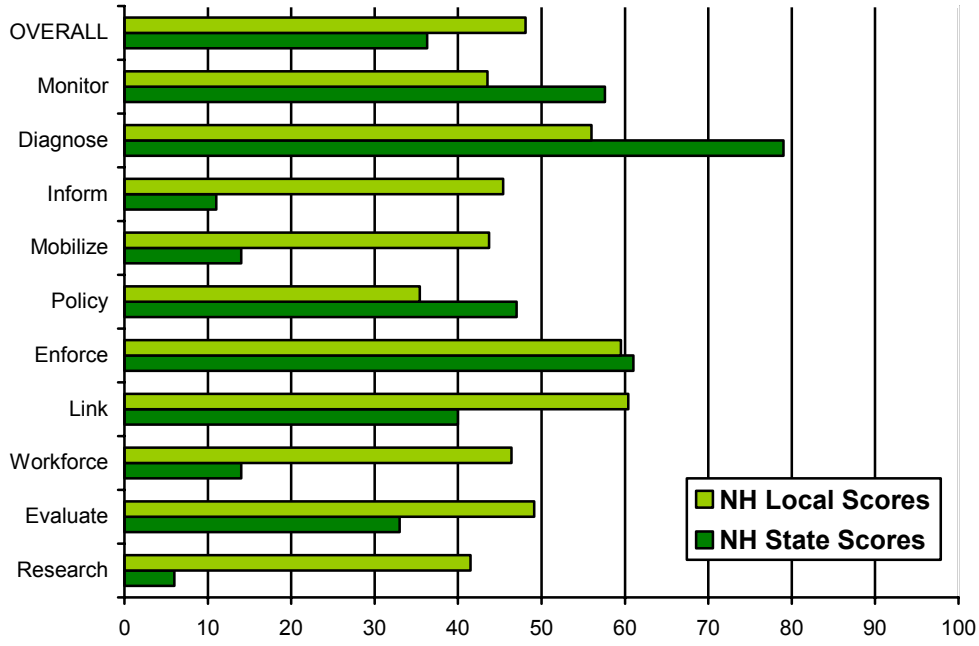
The New Hampshire Public Health Network (NHPHN) is comprised of 14 community-based partnerships serving nearly 50% of cities and towns whose members include local health departments and health officers, social service agencies, fire, police, emergency medical services, health care providers, schools, media and advocacy groups, and leaders in business, politics and faith working together to address complex public health issues. NHPHN partnerships work to improve the coordinated delivery of the Essential Public Health Services and serve as local liaisons with state agencies involved in the public's health and safety. The initial goal of the networks was to develop local public health infrastructure and partnerships. Currently, the primary focus of the networks is to develop emergency public health response systems.

The concept of a local public health system describes a complex network of individuals and organizations that have the potential to play significant roles in creating the conditions for optimal health. The component parts of a potential system can act for health individually, but when they work together toward a health goal, they act as a true system - a public health system. NHPHN partnerships strive to be representative of all the components that comprise the local public health system including an effective local governmental presence. NHPHN partnerships are thus ideal entities for both completing the assessment of the local public health system and coordinating a comprehensive, multi-organizational response to identified priorities.

NH State and Local Health Systems Instrument Assessment Scores

The following chart presents the average performance results from the 12 local assessments and the state assessment results. For all of the assessments, participants were asked to consider the performance of the public health system, rather than simply the local or state health department.

NH State and Local Scores Public Health System Scores:
Summary (SPHS) and Average (12 LPHS)
Ten Essential Service Performance Scores



These data are provided for discussion purposes and should be considered in light of the data limitations described on page 6 and 7 of this report. Additionally, there are differences in the state and local tools based on the respective roles of state and local health systems. For example, a question relative to informing and educating the public about health issues in the local instrument asks, "*Has the Local Public Health System implemented one of more health promotion activities?*" A similar line of questioning for this essential service in the state instrument asks, "*Does the State Public Health System design and implement health communication and health education/promotion programs?*" Thus while there may be fruitful dialogue on how the state and local systems scored on the essential services for planning purposes, direct comparisons should not be made.

The following observations may be made from these data:

- The total average scores for all the essential services were higher for the 12 local assessments combined that the state assessment (48.1 percent versus 36.3 percent). This is consistent with local and state assessment comparisons nationally (57.5 percent versus 43.9).

- EPHS 2 - Diagnose and Investigate Health Problems and EPHS 6 - Enforce Laws and Regulations are assessed as strengths at the both the state and local level. EPHS 2 in particular is a strength of the state system and may be a factor in boosting the local system scores, as some of the activities for the essential service are shared responsibilities (e.g. disease reporting and surveillance); are state resources applied locally (e.g. public health nurse activities); or are state resources utilized by the local system (e.g. the state public health lab).

- EPHS 7 - Link People to Health Services and EPHS 9 - Evaluate Effectiveness are relative strengths of the local public health systems, while EPHS 1 - Monitor Health Status and EPHS 5 - Develop Policies and Plans were assessed more strongly in the state public health system.

The remaining essential services were relatively low in both local and state systems, but the state assessment scores were considerably more critical. This result is potentially due to the difference in structure and content between the state and local public health assessment instruments as previously described. For example, in the area of research (EPHS 10), the local instrument asks questions in the areas of having linkages to institutions of higher learning and capacity for participation in research – questions which local systems can respond to affirmatively although at a low level. In contrast, the state instrument asks about the existence of a public health research agenda at the outset. The absence of such an agenda resulted in a score of zero for that and all subsequent questions throughout the section.

What is not included in this chart is the minimum and maximum range of scores for the 12 local assessments. There were extremely broad ranges seen, from 35 to almost 80 points, which indicate significant variability in local public health system performance overall and by essential service. This information is available upon request. It is interesting to note that the four original Turning Point partnerships, which have had a minimum of two years additional development time than other public health networks, had an average total performance score of 58.4 compared to 42.9 for non-Turning Point sites.

Next Steps

The next steps in this process will lead us from the assessment phase to planning and implementing performance improvement.

An advisory committee convened in February 2006 to guide the planning and improvement efforts based on the assessment results. The advisory committee will also review New Hampshire health status measures and consider community health assessments, forces of change and other planning initiatives in combination with the performance assessment results to drive the improvement process. It is anticipated that work groups will be formed to address those essential services determined to be priorities for performance improvement.

We will proceed in earnest to sustain the momentum of this initiative, keep key stakeholders involved and maintain open and frequent communication with all interested parties.

A communication strategy will be employed to keep all those interested informed of all future planning and improvement activities.

End Notes

1 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program
http://www.cdc.gov/od/ocphp/nphpsp/index.htm

2 Ascheim, JH, Frey K Ed. New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Policy and Performance Management, 2005

3 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program
http://www.cdc.gov/od/ocphp/nphpsp/Documents/State_v_1_OMB_0920-0557.pdf

Appendices

I. Participant List
II. Agenda
III. Voter's Scoring Guide
V. Evaluation Summary
V. Program Activity Summary
VI. Participant Discussion Summary

Appendix I.
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New Hampshire Assessment of the
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Essential Services 1&2

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New Hampshire Assessment of the
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Essential Services 3 & 4

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New Hampshire Assessment of the
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Group 3

Essential Services 5 & 6

5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

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New Hampshire Assessment of the
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Essential Services 7 & 8

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8. Assure competent public and personal health care workforce.

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New Hampshire Assessment of the
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Group 5

Essential Services 9 & 10

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10. Research for new insights and innovative solutions to health problems.

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Appendix II.
Agenda

New Hampshire Assessment of the National Public Health Performance Standards

October 11th and 12th 2005
Courtyard Marriott, Concord, NH

AGENDA

October 11, 2005

9:00 am:	REGISTRATION Coffee, Continental Breakfast
9:30 am:	WELCOME **John A. Stephen**, Commissioner, New Hampshire Department of Health and Human Services, Invited Guest **Mary Ann Cooney**, Director, New Hampshire Division of Public Health Services
10:00 am:	OVERVIEW OF THE STANDARDS **Liza Corso, CDC**
10:30 am:	BREAK – Exercise – 10 Essential Services
10:45 am:	PERFORMANCE IMPROVEMENT: A National and Local Perspective on Using Performance Assessment to Create Change **Laura Landrum**, ASTHO **Kate Kokko,** Southern Strafford Community Health Coalition
11:15 – 11:45 am:	ELEMENTS OF A STRONG PUBLIC HEALTH SYSTEM Discussion **Leslie Beitsch**, Florida State University, College of Medicine
11:45 – 12:00 pm:	LOGISTICS OF THE STANDARDS ASSESSMENT PROCESS **Joan Ascheim, DPHS**
12:00- 12:45 pm:	LUNCH – Continuation of Exercise – 10 Essential Services
1:00- 4:15 pm:	REVIEW OF FIRST STANDARD **In assigned groups**

October 12, 2005

9:00 – 9:30 am:	COFFEE
9:30 – 12:00 pm	REVIEW OF SECOND STANDARD **In assigned groups**
12:-12:30 pm:	WRAPUP Sharing major insights and immediate improvement opportunities **Leslie Beitsch, Group Representatives**
	NEXT STEPS FOR NEW HAMPSHIRE **Mary Ann Cooney, DPHS**

Appendix III.
Voter's Scoring Guide

Improving the Public's Health in New Hampshire
NH Assessment of the National Public Health Performance Standards
October 11th and 12th 2005

Voter's Guide
Scoring

Yes 76% - 100 %
of the activity described within the question is met within the state public health system (*in other words, we may not have a 100% optimal system related to the question, but we do have a very high level of system-wide functioning related to the question)*

High Partially: 51% - 75 %
of the activity described within the question is met within the state public health system (*in other words, we have a good system-wide effort going on related to the question, but we still have a way to go to meet the standard)*

Low Partially: **26 % - 50 %**
of the activity described within the question is met within the state public health system (*in other words, we have some activities going on related to the question, but not we have a substantial amount of work to do to meet the standard)*

No: ≤25 %
of the activity described within the question is met within the state public health system (*in other words, we may have a few activities going on related to the question, but they are minimal)*

Need to discuss

Is the Activity Happening at the Public Health System Level?
Factors to Consider

1. **Dispersion**: is the activity in the question disseminated/dispersed across the state ***geographically*** or does it exist in only one area? Is the activity ***dispersed among programs*** or carried out in only one area of public health concern (e.g. maternal and child health) and ***not in other areas of interest*** (e.g. chronic disease, infectious disease, injury prevention, etc.)?

2. **Participation among many system partners**: is the activity done only in one sector and not others (e.g. done in hospitals, but not governmental public health agencies)?

3. **Frequency**: is the activity in the question done routinely or on an ad hoc basis?

4. **Quality**: is the activity in the question done in a high quality manner, or is it a new activity just getting started and not of sufficient quality yet?

Appendix IV.
Evaluation Summary

Evaluation Summary: New Hampshire Assessment of the National Public Health Performance Standards October 11& 12, 2005

The response rate to scaled "agree/disagree" questions was 53%, N=59/111 participants. Not every respondent completed all survey items. In general there was a high degree of consensus, and overall ratings were favorable:

"**Overall, the meeting was successful in assessing how NH is doing in meeting the National Public Health Performance Standards"**

- 81% of respondents agreed (29% strongly);
- 1.4% agreed somewhat,
- 5% disagreed (N=3), none strongly

"**The process used to vote on the performance standards was effective**"

- 63% of respondents agreed (25.4% strongly);
- 25.4% agreed somewhat,
- 11.8% disagreed (N=6), 1 respondent strongly disagreed

"**The time allotted for discussion of the performance standards was sufficient."**

- 77% of respondents agreed (27% strongly)
- 23% agreed somewhat
- No respondent disagreed

A majority of respondents agreed that presentations at the morning plenary session met stated goals:

Presentation helpful? clear?	Overview of NPHPSP	National & Local Perspective	Elements of a strong public health system	Logistics of the Standards Assessment Process
Strongly agree	31.5%	29%	38.5%	48%
Agree	61.5%	51%	47.5%	45%
Agree somewhat	7%	19%	14%	7%
Disagree	0	<2%(N=1)	0	0

Respondents entered 100 qualitative comments in response to inquiries about the following:

- What participants liked best, least about the meeting, suggested improvements (N=42).
- Ideas for using the information from the meeting to plan improvements in the public health system in New Hampshire (N=34).
- Ideas about coordinating local and state planning efforts based upon the NPHPS assessment (N=24).

Summary of Qualitative Data

Participants found commendable:

- Agenda structure, and flow and facilitation of the meeting
- Diversity of participants, balance of stakeholder representation
- Opportunity for discussion, networking, sharing perspectives, and learning about programs and activities around the state
- Establishment of momentum for a coordinated statewide planning initiative

Participants expressed dissatisfaction or concern about:

- The challenge of defining the current "state public health system"
- The "fit" of the national assessment tool for NH
- In the voting process: ambiguity of definitions, lack of common terminology, jargon as barrier
- The validity of the assessment process re: effect of knowledge gaps (among voters in small groups), absence of "hard evidence" in deliberations
- The need to include other state agencies (DES, Education, Planning), and other sectors (insurers, business community)
- Defensiveness of some state agency employees
- The lack of familiarity of some providers with the 10 Essential Public Health Services framework

Participant ideas for next steps:

- Sustain momentum
- Publish a report including CDC scores, and Executive summary, and disseminate widely
- Share meeting information with Legislature
- Initiate a broad planning process to define priorities and develop action plan
- Inventory current resources and develop communication mechanisms
- Develop work groups for each essential service; (DHHS) consider convening a state summit in each of the issue areas
- Integrate NHHP 2010 activities and indicators in planning
- Proceed with caution in superimposing national system standards in unique New Hampshire environment

Participant ideas about coordinating local and state planning efforts:

- More leadership and coordination needed from state agency, less control
- Include on the Advisory Committee representatives from Dartmouth, UNH and local public health networks
- Local regional planning efforts would benefit from more visibility, resources and assistance
- Determine state priorities, review local priorities and then use contracts to promote alignment of state and local plans
- Use new technology whenever possible to facilitate communication, and information exchange, e.g. websites

Appendix V.
Program Activity Summary

New Hampshire Department of Health and Human Services
Division of Public Health Services
Assessment of the National Public Health Performance Standards
Program Activity Summary by Essential Service

Essential Service 1 - Monitor health status

Activities

- NH Oral Health Databook: produced annually by DHHS Oral Health Program
- CDC Surveillance Systems: Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy, Nutrition Surveillance System, Pediatric Nutrition Surveillance System,
- Syndromic Surveillance System
- Network coordination: Public Health Networks, North Country Health Consortium
- Occupational Health Surveillance
- Communicable Disease Surveillance: Emergency Department Surveillance, Death Certificate Surveillance, Over-the-Counter Pharmaceuticals Surveillance, Medical Examiner (Autopsy) Surveillance
- Outbreak Analysis and Confirmation
- DPHS, and Department of Environmental Services (DES) Environmental Health Tracking Program
- Community Health Institute: assists local Public Health Networks with community health profiles.
- Foundation for Healthy Communities: conducts local BRFSS Surveys
- Monitor mortality and morbidity rates for intentional and unintentional injury
- NH Empowering Communities: Health Data Inventory
- DHHS, Division of Public Health Services (DPHS): analyzing hospital, death, birth, cancer, BRFSS data
- Endowment for Health: gather community assessments and map annually to determine funding priorities
- Endowment for Health: underwrite systems to gather data regarding health statistics, teach people to use them, create community profiles
- DPHS, Youth Risk Behavior Survey (YRBS): surveyed 16,000 students
- NH Health WRQS Project (Web-Based Reporting and Query System)
- Organize community public health providers to conduct a comprehensive community health assessment, then use data to plan/coordinate services
- DHHS, STD/HIV Section Integrated: epidemiological profile for HIV prevention of care
- American Cancer Society: yearly assessment of BRFSS, health inventory, cancer registry to monitor status of state/community cancer burden
- Community Health Centers recording of illness, reporting on contagious illness
- Community Health Leaders Workgroup Foundation for Health Communities
- DHHS, Maternal and Child Health Performance Measures Database – to identify health status – Health Resources and Services Administration (HRSA)

Essential Service 2 - Diagnose and Investigate Heath Problems	
Activities	
• DHHS, Oral Health Program: statewide survey of 3rd grade students, 2001-2004 • Analyze case investigations to characterize cases, access to care, gaps in services etc. • Communicable Disease Surveillance: prompt disease control investigations at state and local health department level • Cancer cluster investigations as well as cancer data • DHHS, Public Health Lab (PHL): biomonitoring-arsenic, Mercury, food tampering • DPHS/Department of Environmental Services (DES) – Environmental Health Tracking Program: asthma air quality, arsenic drinking water, radon lung cancer • PHL provide testing for chemicals in human specimens – support federally funded programs • DHHS, DPHS, Contribute data to Environmental Health Tracking Program: assists with analysis, health statistics	• DPHS, Maternal and Child Health: investigation of major contributors to low birth weight in NH – report coming • Alcohol and Drug Data: Substance Abuse and Mental Health Service Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS) Data • Caring Community Network of the Twin Rivers (CCNTR): watch for local indicator on asthma, lead, and outdoor environmental related indicators, report and collaborate with DHHS on solutions – • Coos County – Family Health Services - Safe and Bright Futures for Children: identifying and linking services to children exposed to domestic violence.

Essential Service 3 - Inform, Educate, and Empower

Activities

- NH Children's Trust Fund: child abuse and neglect prevention
- Planned Parenthood: workshops and trainings on health issues
- Childhood Lead Poisoning Prevention Program (CLPPP): workshops and trainings on lead poisoning prevention reducing hazards and how to reduce hazards
- Endowment for Health: "Watch Your Mouth" oral health media campaign
- DHHS Oral Health Program: NH Statewide Sealant Project
- NH Helpline: coordinated, single source for information dissemination possible through 800#
- DHHS Public Health Laboratories (PHL) provide information to public on chemical hazards in consumer products
- DPHS and Department of Environmental Services (DES), Environmental Health Tracking Program: radon, lung cancer, smoking
- DES: private well testing, mercury and fish consumption, our quality action days
- American Heart Association: web based programs and information, campaigns to educate and call to action initiatives
- DPHS, Health Statistics: does this full-time through data analysis
- Manchester Mental Health: disseminate workshop training information to healthcare/mental health providers
- American Cancer Society: inform, educate, empower NH residents on cancer issues using mass communication web, 800# and volunteer partners.
- Caring Community Network of the Twin Rivers (CCNTR): on-going public information campaign from local needs assessment on preventing chronic illnesses, promoting heart health, informing public about health and public health issues
- "Piecing a life together": Study on informal caregiver needs
- UNH Center on Adolescence: education and information about adolescents – website www.adolescence.unh.edu
- Children's Alliance: empower, train and inform advocates to work on issues in their communities and across NH
- NH Public Health Association
- Injury Prevention Center: broadly disseminates information regarding car seats, seat belts, helmets etc.
- NH Minority Health Coalition: one of the three pillars of our mission and part of everything we do, programming is linguistically and culturally appropriate and effective
- Rural Health: health campaigns, rural health issues-obesity
- NH Task Force on Woman and Addiction
- Alcohol Tobacco and Other Drugs (ATOD) and North Country Health Consortium (NCHC): Health campaigns on second hand smoke
- Alcohol & Drugs: Friends of Recover NH
- Foundation for Healthy Communities: NH Partnership for End-of-Life care and healthcare decisions coalition, Walk New Hampshire
- National Alliance on Mental Illness: inform educate and empower on mental illness and suicide prevention
- Southern NH Area Health Education Center: provider/consumer training health career awareness
- Office of Alcohol and Drug Policy: offers training and alcohol and other drug issues
- Endowment for Health: underwrite public awareness campaigns; hold annual community sessions, fund research.

Essential Service 4 - Mobilize Partnerships

Activities

- Public Health Networks in North Country, North Country Health Consortium: collaborative on obesity, transportation, etc.
- Youth Suicide Prevention Assembly(YSPA)
- NH Safe Kids
- Prevent Child Abuse NH
- Alcohol and Other Drugs Prevention Section-community coalitions such as North Country Health Consortium: secondhand smoke
- DHHS Oral Health Program: help build oral health coalitions, Sullivan County, Strafford County, North Country, Seacoast, Head Start, and Seniors/Elder dental
- Categorical programs unite around common risk factors: nutrition and physical activity
- Family Planning Collaborative: unintended and teen pregnancy – Dartmouth Hitchcock, Planned Parenthood, welfare, Keene Housing Authority, United Way, many other social service agencies
- Childhood Lead Poisoning Prevention: local lead/health homes committees in our designated risk areas
- Develop formalized network of community health partners to assess assets and problems
- Roadmap to proven public health solutions
- UNH Center on Adolescence: collaborated with Maternal and Child Health and large group of stakeholders to develop strategic plan for adolescent health
- DHHS Public Health Laboratory (PHL): participating in Pandemic Flu Preparedness, Southern NH Area Health Education Center (AHEC) as catalyst, leveraging partnerships
- DPHS, Health Statistics: provide data to Public Health Networks – assist with data analysis
- DHHS/DPHS, NH Alcohol and Drug Coalitions and NH Alcohol and Drug Providers Association
- Strategic Prevention Framework: community development group working with local partners
- NH HIV Community Planning Group
- NH Minority Health Coalition: part of everything we do.
- Endowment for Health: provide funding – require people to work together when appropriate, underwrite large collaborations to address issues, convene broad based coalitions to address injury and related issues e.g. Falls Risk Reduction Task Force, YSPA, etc.
- NH Public Health Association: coalesce the broad community of public health
- Children's Alliance: fund and coordinate New Hampshire Child Advocacy Network (NH CAN), which creates and advocates for a statewide annual Children's agenda – 170+ organization partners
- New Hampshire Aging and Disability Resource Center: planning and evaluation for identifying resources.

Essential Service 5 - Develop Policies and Plan

Activities

- Public Health Lab has developed numerous Emergency Response Plans (Radiological, Bioterrorism, Chemical Terrorism, Pandemic Flu)
- Alcohol Tobacco and Other Drugs (ATOD) Prevention: Strategic Prevention Framework
- DPHS, Early Childhood Comprehensive Systems Planning Project
- Mental Health Center: Manchester responds to policies and implements individuals plans for clients
- DPHS, Health Statistics provides data and analysis for planning projects
- NH Helpline provides information and referral
- UNH provides policy analysis/research & data analysis on finances, health statistics and the Medicaid population
- Office of Alcohol and Drug Policy "State Plan"
- UNH Center on Adolescence collaborated with DPHS, Maternal and Child Health to develop a strategic plan for adolescent health
- Community Health Centers support individual & community health through federal and state policies
- Community Health Institute (CHI) assists local communities with the development of Public Health Improvement Plans
- American Heart Association: advocates for & promotes evidence based policies
- Endowment for Health: funds and convenes partners to develop statewide plans regarding important health issues
- NH Minority Health Coalition: provides community based prevention and health promotion
- Legislation creating "Public Health & the Environment Commission"
- Caring Community Network of the Twin Rivers (CCNTR): participates in the annual revision & development of community public health plans
- North Country Health Consortium: works on Policy/Environmental Norms Change
- Childhood Lead Poisoning Prevention Program: Lead Elimination Plan
- State Oral Health Plan
- Youth Suicide Prevention Assembly: State Suicide Prevention Plan
- Rural Health Report
- DHHS Disease Surveillance: Pandemic & other planning for Communicable Diseases
- Rural Critical Access Hospital Plan
- NH Public Health Association public policy committee advocates for continued planning and policy development
- Foundation for Healthy Communities: Medication Assistance Plan
- Foundation for Healthy Communities: NH Prevention Guidelines
- Foundation for Healthy Communities: Clinical Guidelines Program
- American Cancer Society: provides guidelines for cancer screening and advocates for public policy
- Nation Alliance of the Mentally Ill NH: Frameworks Youth Suicide Prevention Project developed best practice protocols to assist communities with suicide prevention, intervention and post-intervention
- Funder's Workgroup: a group of public and private grant makers gathered to plan ways to better coordinate & better understand funding of community based programming

Essential Service 6 - Enforce Laws and Regulations

Activities

- Ensure confidentiality of data released
- DHHS site reviews to ensure contracted health care provider compliance with state and federal laws and regulation
- DHHS Alcohol Tobacco and Other Drug Prevention-Synar compliance
- Communicable Disease and Public Health Lab Reporting Process
- NH Public Health Association promotes knowledge of laws and regulations
- Planned Parenthood participates in reporting data to the state on STD and HIV
- Caring Community Network of the Twin Rivers (CCNTR): Collaborative work with town Health Officers and Selectmen to develop local ordinances
- NH Minority Health Coalition: provides training opportunities regarding laws and regulations for culturally and linguistically appropriate services
- NH Department of Environmental Services: enforces state and federal environmental protection laws regarding asbestos, air quality, water quality, etc
- Manchester Mental Health Center: provides in-house enforcement of laws and regulations to protect personnel & clients
- DHHS Bureau of Improvement & Integrity: review/audit programs for compliance with laws and regulations
- Endowment for Health: funds research & data collection regarding gaps in public policy; provides technical assistance to legislature as needed & required
- Community Public Health Development (CPHD): liaison with Health Officers to provide technical assistance guidance
- School nurses enforce and record compliance with school age immunization requirements
- Community benefits reporting process

Essential Service 7 - Link People to Needed Health Services

Activities

- 340B Drug Pricing Program
- NH Public Health Association
- American Cancer Society: provides transportation for cancer patients and targets diverse population with materials, programs
- DPHS, Health Statistics: assist with evaluation of health care access data
- DPHS, Breast and Cervical Cancer Program: breast and cervical cancer screening for low income women
- Community Action Program (CAP)
- Communicable Disease: reporting results from lab to CDC
- Community Health Centers: vital safety net providers
- Community Mental Health Centers
- NH ParTech: connect people through system of care coordination/outreach using tools, computer software solutions
- Faith-based services (parish nurses, local clinics)
- Family resource centers
- For children with special health care needs: family support programs with special healthcare needs
- Healthy Kids
- Home Visiting Program: enrollment in Healthy Kids
- Infolink: Strafford County
- NH Helpline: information & referral to statewide audience for services
- Hospitals: social services/case management (Bridges)
- School nurses
- Mental Health: as part of service delivery to client population
- National Alliance on Mental Illness: NH link - Info & Referral Hotline, Website
- NH Hospital Association: NH Access Network, hospitals & doctors/dental center
- Foundation for Healthy Communities: NH Health Access Network
- Foundation for Healthy Communities: NH Medication Bridge Program
- NH Minority Health Coalition: cultural competency and consultation. enrolling kids and families in State Medicaid & SCHIP
- Access NH: teaching regarding US Healthcare system & accessing services, linking at-risk moms & families to services, identify populations with barriers to care
- North Country Cares-Case Management/ Medication
- Poison Center: provides free, confidential 24 hour poison emergency/questions hotline to all (urban/rural/TTY/Non-English speaking)
- Planned Parenthood: provides reproductive health care, decreases barriers to accessing health care ($, transportation, confidentiality,
- sliding fee scale, mail supplies, flexible hours, website services to those who are non-English speaking) Referrals to alternative health services/providers

Essential Service 7 - Link People to Needed Health Services (Cont')

Activities

- Developmental Services, Headstart, Early Intervention Services
- DHHS Alcohol & Drug Resource Guide (on DHHS website)
- Emergency Medical Services
- American Heart Association: encourage adherence to treatment guidelines which are followed with every person/patient seeking care
- Endowment for Health: support coordination of care systems, advocate for access issues regarding economic, geographic social & cultural barriers.
- Fund issues regarding transportation & telehealth to address geographic barriers; support infosystem develop; underwrite organizations whose mission is access: BiState, community health centers, & other safety net providers
- Interdisciplinary resource teams in communities
- Linking diabetics to Diabetes Education Centers
- MCH-funded healthcare support services
- Medicaid
- Med-payment services that are housed in faith-based organizations & city welfare assisted programs
- Service Link: connects seniors and their families to needed health and social supports
- North Country Health Consortium: Tech Link to services/resources
- DHHS, Special Medical Services
- Student Assistance Programs
- DHHS, Oral Health Program: supports 16 community-based oral health programs through state contracts and case management of oral health
- ETOH, Alcohol and Alcohol Problems Science Database: system of treatment services and prevention services, including substance abuse prevention services in the schools, for those without ability to pay
- North Country Health Consortium: transport service planning
- UNH Center on Adolescence website provides links to info & services for/about adolescents
- DPHS, Women, Infants and Children Program (WIC): Food Stamps, Commodity Supplemental Food Program and other nutrition services

Essential Service 8 - Assure a Competent Health Services Workforce

Activities

- New Hampshire Community Technical College: partnership, nursing education
- Require Continuing Education for all Public Health Laboratory Staff
- Implement expedited hiring practices to minimize time between identification of need and implementation
- Provide clinical educators and practice venues for students
- Make clinicians visible in the community to attract students to the field
- DPHS & Office of Alcohol and Drug Policy-NH Addictions Training Institute
- Alcohol and Other Drug Prevention Certification (Provider community)
- Bi-State Primary Care Association: NH Recruitment Center-Nationally, recruit a pool of qualified primary care & oral health clinicians to serve in communities throughout the state.
- Foundation for Healthy Communities: NH Nursing Workforce Partnership: Empowering communities with training tools & technical assistance on evidence based community health improvements
- Northern NH Area Health Education Center (AHEC): medical and allied health professionals
- Important role of health professional shortage area designations for recruitment-primary care, mental health, dental
- DHHS Rural Health & Primary Care
- J1 Visa Waiver Program for Physicians
- Loan Repayment Program
- Recruitment & Retention
- Health Workforce Shortage Designations
- Training in child passenger safety Injury Prevention Center at Children's Hospital and Dartmouth (CHAD)
- Include ongoing professional development in coalition activities Injury Prevention Center at CHAD
- DPHS, Health Statistics: evaluate hospital data by hospital
- Southern NH AHEC
- NH Minority Health Coalition
- Medical interpretation training & advocacy
- Collaborations with Southern NH AHEC
- NH Health Information Center: provide information technology (Data Course)
- Dartmouth Masters of Public Health (MPH) Program
- Office of Alcohol & Drug Policy: provides free training and consultation on alcohol and other drug (AOD) issues and efforts to integrate AOD services into other health related services

Essential Service 8 - Assure a Competent Health Services Workforce (Cont')

Activities

- Poison Center: offering trainings throughout the state, develop appropriate educational materials for distribution
- DHHS Oral Health Program (OHP)/NH Public Health Association: NH school-based hygienists, annual "calibration" training
- DHHS OHP: continuing education "Dental Caries: The State of the Science," which had 200 participants
- Endowment for Health: fund leadership development and cultural competency training & initiatives of health related nonprofits
- DPHS trainings: emergency trainings, competency work, public health corps training
- Community Health Institute
- Future workforce development position in DPHS
- Disaster behavioral health response team
- DHHS' Coordinator Training Unit
- Caring Community Network of the Twin Rivers (CCNTR): special regional learning opportunities on handling unusual community-wide public health issues
- Masters of Public Heath Program (MPH) at UNH, Manchester
- Community health centers participate in training nurses/doctors, etc.
- Continuing Education Program Public Health Grand Rounds & Certificate for community health
- Membership/professional groups that do trainings
- Medical Reserve Corps.
- Dept. of Safety: Emergency Management (EMS) trainings
- Occupational training (Keene)
- DPHS Programs' workshops for contract agencies (MCH, WIC, etc).
- Manchester Health Department's institute for local public health practice
- NH Public Health Association's educational sessions at fall forum
- Rural health scholars program at Dartmouth
- Teleconference opportunities through Public Health Library
- Dartmouth family practice residency program
- Dartmouth Co-op program
- NH Center for Nursing Workforce
- NH Council for Nurse Educators
- NH Mental Health Center of Greater Manchester's behavioral health trainings
- Red Cross trainings

Essential Service 9 - Evaluate Health Services

Activities

- Manchester Mental Health Center: client centered delivery services ongoing evaluation
- American Cancer Society: constantly evaluating on a federal, local, community level. Annual assessments and plans around cancer and health behaviors
- NH Help Line: gaps assessment with services needed
- American Heart Association: tools/programs for hospitals and providers to gage improvements in patient outcomes
- Poison Center: always assessing outreach efforts and call center, hospitals, emergency departments, mortality data
- UNH Center on Adolescence: provides evaluation of programs/ services serving youth
- NH Public Health Association.
- Endowment for Health: high priority on evaluation of effectiveness of all funded interventions, monitor access especially for vulnerable/ underserved population
- NH Citizens Health Institute: look at quality issues of health services
- Caring Community Network of the Twin Rivers- Set annual goals and measurable objectives for review as part of Regional Public Health Improvement Plan
- DPHS/ DHHS National Outcomes Measures data
- Department of Environmental Services (DES): measures tracking system
- DHHS, Oral Health Program: promote ongoing "performance based/ contracting for 16 oral health programs
- DHHS, Bureau of Improvement and Integrity: review audit individual programs/ projects and/ or work processes for improvement
- Dare to Be You-Support: promote residence based program regarding fidelity in individual programs and others
- NH Minority Health Coalition: research on barriers and access – especially linguistic, racial, ethnic, cultural minorities
- Foundation for Healthy Communities: Performance Improvement Project
- Cheshire County – Family Planning Collaborative/ Planned Parenthood: collect data on unintended teen births in
- Community Health Institute (CHI): to evaluate public health program/ system effectiveness
- Collect data try to link hospital related costs, effectiveness, etc.
- Foundation for Healthy Communities: Rural Collaboration for Health Care Improvement
- DPHS, Health Statistics: assist with program evaluation, statistical analysis
- Use of EROADMAP resource as guide to evidence informed public health interventions and programs.

Essential Service 10 - Conduct Research for New Innovations

Activities

- Research for new insights and innovative solutions to health problems.
- Manchester Mental Health Center: on-site relationship with Dartmouth Medical School Research Dept
- American Cancer Society: linking research to public health.
- American Heart Association: funds state and national research that can be applied to innovative treatment and prevention.
- DPHS/Department of Environmental Services (DES) Environmental Health Tracking Program
- DHHS, Public Health Laboratories (PHL): expedite new program development before the problems develop.
- UNH Center On Adolescence: research on issues related to adolescent health and well-being.
- NH Public Health Association.
- NH Minority Health Coalition-Community Participatory Health Research
- Community health centers and hospitals-Use electronic medical record to identify best clinical practices
- DHHS, Cancer Data: provide data for health related problems.
- Foundation For Healthy Communities: Community Prevention & Treatment Initiative
- National Institute on Drug Abuse (NIDA)
- Endowment for Health: fund development of data resources and applied research of NH health issues; fund data and research, regarding health related policy gaps; provide operating support by NH institutions who do research and data analysis, regarding health.
- DHHS Oral Health Program (OHP): work to complete research on "Medicaid Oral Health Services - An Evaluation of Three Strategies of Financing & Delivery"
- DHHS, OHP: provide continuing education to dental professionals on latest Oral Health research-"Dental Caries: The State of the Science" – 200 participants
- DPHS, Community Public Health Development (CPHD): "Best Practices" to identify promising practices/programs on local/regional level
- UNH-Institute on Disability
- UNH-NH Institute for Health Policy & Practice
- Real Choice Initiatives
- Communicable Disease Surveillance: develop new surveillance systems.
- Poison Center: assessing real time call data, working with state health dept to provide access to real time data, evaluating outreach education efforts with call data
- North Country Health Consortium Rural Women's Health Coordinator
- Collect data on unintended birth in Cheshire County through
- Family Planning Collaborative/Planned Parenthood
- National Clearinghouse on Alcohol & Drug Information

Appendix VI.
Participant Qualitative Data

Essential Service 1
Monitor Health Status to Identify Health Problems

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ The SPHS has public health professionals skilled in data collection, analysis and reporting. ▪ The SPHS is active in a broad range of activities to support monitoring. ▪ The SPHS recognizes limited resources and works collaboratively to achieve monitoring goals.	▪ The SPHS needs improved coordination of SPHS partners for planning and implementation of this ES. ▪ The SPHS needs better linkage with communities to facilitate access to information. ▪ The SPHS lacks a state health profile with a defined data set. ▪ The SPHS lacks local level data to support community-based monitoring (i.e. Behavioral Risk Factor Surveillance). ▪ The SPHS needs data on behavioral health, substance abuse, violence, natality, and fetal death. ▪ There is a need for better access to vital records data. ▪ Data should be linked across disciplines.	▪ DPHS should engage state and local stakeholders in a planning process to identify data collection, analysis and reporting priorities and necessary resources. ▪ Additional resources and personnel are needed for timely collection, analysis and reporting of data. Policy makers should be informed of the need for such resources. ▪ A state public health profile should be produced regularly. It should incorporate stakeholder input to define data sets and levels of reporting (local). ▪ A web-based tool to access linked data by user-defined criteria is needed.

Essential Service 2
Diagnose and Investigate Health Problems

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ The SPHS has a strong infectious disease surveillance function. ▪ Surveillance activities are conducted on a broad range of areas. ▪ The SPHS has personnel expertise in diagnosis and investigation of health problems and hazards. ▪ Strong laboratory facilities and capabilities are available to the SPHS.	▪ Surveillance activities are limited due to DPHS staff resources. ▪ Surveillance activities are focused on infectious disease and surveillance on chronic disease, injury, environmental hazards, occupational injury is limited. ▪ There is no overall assessment of the comprehensiveness or effectiveness of surveillance functioning to identify priorities and gaps. ▪ There is no effective reporting system between SPHS and police, Hazmat, and fire.	▪ Develop surveillance activities for non-emergent diseases and conditions to support long term program planning (e.g., chronic disease, occupational health, injury, environmental). These surveillance activities need to be linked with an overall surveillance strategy. ▪ Conduct an overall evaluation of the surveillance function to determine if priority needs are being met and if systems are effective. Based on the results of the assessment, develop a plan for strengthening integration and operation of surveillance function ▪ Improve communication with local public health systems and other state partners to provide timely information about the incidence and prevalence of emerging diseases and other adverse health conditions such as behavioral risks, chronic disease, etc.

Essential Service 3
Inform, Educate and Empower People About Health Issues

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ The SPHS does well on this ES in pockets of the state. ▪ The SPHS does well considering limited resources. ▪ There is a willingness to work towards bringing the system to consumers. ▪ Non-governmental organizations are starting to bring in community specialists.	▪ There is no system or system linkages. ▪ Communication is lacking between government agencies and organizations causing some overlap of activities. ▪ The technological capability needed to improve communications is lacking. ▪ There is a lack of linguistically/culturally appropriate materials and information. Strong local culture can create barriers to dissemination of programs. ▪ There is no coordinated media strategy. Print media is fragmented.	▪ Improve collaboration among state agencies and local agencies, specifically on grant applications for federal funds. ▪ Improve communication among all stakeholders using technology such as: o Electronic discussion boards (perhaps using the PHN part of DHHS website) o Centralized resource of services for providers and consumers (perhaps NH Helpline). ▪ Improve cultural/linguistic competency including engaging consumers and targeting minority populations. Improve data collection on diverse/minority populations. ▪ Increase capacity for assessment and evaluation.

Essential Service 4 **Mobilize Community Partnerships and Actions to Identify and Solve Health Issues**		
Strengths of the State Public Health System Relative to this ES	**Weakness of the State Public Health System Relative to this ES**	**Priorities and Recommendations**
▪ A small state encourages partnerships and allows for accomplishing activities. ▪ The lack of resources forces collaboration.	▪ DPHS creates barriers to accessing funding by not including partners in grants submissions to federal agencies. ▪ DPHS creates barriers by not being more forthcoming with information or support for projects.	▪ Share web-based assessment data. ▪ Identify common terminology to define coalitions. ▪ Identify strategies to evaluate coalitions. ▪ Streamline coalitions that exist for the same purpose. ▪ Improve communication between coalitions and DHHS. Clarify DHHS role relative to advocacy.

Essential Service 5
Develop Policies and Plans that Support Individual and Community Health Efforts

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ There are many planning efforts in existence including: pandemic planning, substance abuse planning, public health networks, bioterrorism planning, mental health planning, the Jordan Institute risk analysis, Kids Count data on disparities, Healthy NH 2010 and poison control planning. ▪ Collaboration increases with fewer resources.	▪ There is a need to integrate planning efforts across disciplines and among state and local planning. ▪ The SPHS needs to measure progress of plans. ▪ Disparities need to be examined. ▪ The SPHS is not reaching consumers and businesses. ▪ The SPHS needs to bring planning efforts into actual policy change. ▪ It is hard to share resources with limited staff. ▪ Environmental issues can negatively impact public health.	▪ Strengthen enforcement of laws but also encourage schools, groups and others to do the right thing without government regulation. ▪ Examine media messages. ▪ Develop a communication plan with all stakeholders. ▪ Advance a public health voice in all domains of policy development.

Essential Service 6 **Enforce Laws and Regulations that Protect Health and Ensure Safety**		
Strengths of the State Public Health System Relative to this ES	**Weakness of the State Public Health System Relative to this ES**	**Priorities and Recommendations**
▪ Strong laws exist at the state level. ▪ Good work is being done educating private labs, physician offices, and health care facilities. ▪ There is a strong enforcement infrastructure and technical assistance is provided through health officers, food inspection and health facilities. ▪ Prioritization is well done.	▪ Some laws are vague, particularly relative to housing and nuisance. ▪ Public education is needed when laws change. ▪ Communities may lack capacity to enforce laws. ▪ Resources are limited. ▪ Local training for health officers and food inspection is lacking.	▪ Improved standard training for health officers is needed. ▪ There is a need to employ models that work for smaller towns.

Essential Service 7
Link People to Needed Personal Health Services and Assure Where Otherwise Available

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ There are a broad array of health services or services that link people to services including: community health centers, home care agencies, hospitals, Service Link, and local coalitions. ▪ There is a high level of insurance coverage from a variety of sources including Healthy Kids. ▪ NH is one of the healthiest states in the nation. ▪ NH is a small state, with a small bureaucracy, where people know one another. ▪ Partnerships exist between the private and public sector. ▪ Public health stakeholders are passionate about their work. ▪ NH has a strong tradition of non-profits focusing on health issues and with board member that include local officials. ▪ Foundations such as the Endowment for Health provide supportive grants.	▪ There is a lack of integration of available services. For example: mental health, substance abuse and primary care are separate systems. ▪ Adequate Medicaid benefits do not exist for substance abuse and adult dental services. ▪ Several insurance issues were noted including: high rates for commercial insurance, little competition among health insurers and difficulty for those in need to obtain insurance coverage. ▪ Services noted to be inconsistent or lacking throughout the state include: child psychologist, licensed substance abuse counselors, health care for the homeless, transportation, services for refugee and migrant populations, health promotion for elderly and needy populations and services in the northern and western parts of the state. ▪ The safety net system is fragile. ▪ There is a lack of sustainable funding for care coordination and prevention services. ▪ Tobacco funds and disproportionate share funds are not spent on health.	▪ Leadership is needed to coordinate resources and linkages to resources. Public and private funders should work on this. ▪ Increased funding is needed for community mental health centers, community health centers and substance abuse services. ▪ Medicare and Medicaid should reimburse for care coordination and adult dental services. Medicaid should have a buy-in program for parents of kids on Healthy Kids. ▪ The NH Helpline can be utilized as the directory of state and regional services. There should be increased marketing of the NH Helpline. ▪ There should be a one-stop shopping application for services. ▪ Solutions to coordinating and improving services may require increased funding, but other options should be considered.

Essential Service 8
Assure a Competent Public and Personal Health Care Workforce

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ The workforce is comprised of many passionate, committed, older and experienced workers. ▪ There are many continuing education programs. ▪ Several leadership training opportunities exist within DHHS, the public health leadership institutes, and Leadership NH. ▪ NH does well in credentialing health professionals (RNs, MDs, etc.). ▪ Nurse practitioners are able to serve as primary care providers due the Nurse Practice Act.	▪ There are few basic preparatory programs for health providers and not enough students are being directed or recruited into programs. ▪ The workforce is aging. ▪ Training is not coordinated. There is some duplication, and there is no central clearinghouse or calendar for training. ▪ There are few resources to pay for staff training. It is difficult for staff from the north to attend training. ▪ Personnel shortage impacts competency as employers hire whoever is available, particularly for nursing. ▪ No dental school in NH means we compete for dental providers with other states. ▪ There is no credentialing for health officers and no minimum job qualifications. ▪ There is a need to address credentialing for substance abuse in mental health.	▪ There should be a central location to advertise public health educational opportunities. ▪ A workforce development plan is needed. ▪ To assure a competent workforce, increased salaries are necessary. ▪ There is a need to create strategies to recruit people into public health, such as tuition reimbursement. The NH Public Health Association could be a site for posting positions.

Essential Service 9
Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-based Services

Strengths of the State Public Health System Relative to this ES	Weakness of the State Public Health System Relative to this ES	Priorities and Recommendations
▪ There are some systems in place to measure parts of public health such as: the Behavioral Risk Factor Survey and maternal and child health. ▪ Programs are increasingly bringing in staff to build epidemiologic capacity. ▪ Innovative partnerships between DHHS and Dartmouth and the University of New Hampshire are increasing capacity and the ability to analyze data.	▪ Current resources for evaluation and data analysis are inadequate. ▪ Communities may not be able to use available data systems at the local level ▪ There is a lack of data available from the state. ▪ There needs to be a more coordinated and comprehensive approach so that available evaluation systems are connected. ▪ There needs to be clarity on what measures to use for program evaluation and tools to do so. ▪ There is a need to define population-based services.	▪ Determine strategies for cross collaboration. ▪ Appoint someone to direct evaluation across the state.

Essential Service 10 **Research for New Insights and Innovative Solutions to Health Problems**		
Strengths of the State Public Health System Relative to this ES	**Weakness of the State Public Health System Relative to this ES**	**Priorities and Recommendations**
▪ Many partners are available to support research including the University of New Hampshire and Dartmouth. ▪ Much research has been done to support designations of rural health care shortage areas and critical access hospitals to save rural hospitals.	▪ There is no general research agenda for the public health system. ▪ There is no Institutional Review Board at the state agency.	▪ Develop an Institutional Review Board in DHHS. ▪ Convene a group to develop a research agenda that is aligned with a strategic plan for public health and includes an inventory of current resources and priorities. ▪ Leadership should develop a communication strategy and leverage resources.